

Individual Account

Joint Account

INTERNAL USE ONLY
Branch
Associate

Initials (applicant/borrower)

Please mail or fax completed and signed form along with an Application to: First Citizens Bank – Working Capital Finance • P.O. Box 4715 • Greensboro, NC 27404 • Toll Free Tel: (866) 214-2476 / Fax (336) 292-3725

PERSONAL FINANCIAL STATEMENT

Submitted to First Citizens Bank As of (Date):

PERSONAL INFORMATION	(Please Print)										
NAME OF FIRST INDIVIDUAL		<u> </u>		NAME OF SECOND INDIVIDUAL								
HOME ADDRESS			YRS. AT ADDRESS	HOME ADDRESS		YRS. AT ADDRESS						
FIGNIC ADDRESS			TKS. AT ADDICESS	HOWE ADDRESS		INS. AT ADDRESS						
CITY, STATE, ZIP			BIRTHDATE	CITY, STATE, ZIP		BIRTHDATE						
SOCIAL SECURITY NO.				SOCIAL SECURITY NO.								
EMPLOYER			YRS. AT	EMPLOYER		YRS. AT EMPLOYER						
HOME PHONE	WORK PHO	ONE		HOME PHONE	WORK PHO	ONE						
Check this box if you are providing a c	current year's inc	ome tax return c	complete with all sche	edules in lieu of completing the below sections. Note: The annual Expenditures and C	tion, "Annual Inco	me". By doing so	, you certify that the					
ANNUAL INCOME AND EX			•	ow. Note. The aimaal Expenditules and C	ontingent Liabilit	ies sections must	. still be completed					
GROSS ANNUAL INCOME	BORROWER	CO-BORROWER		ANNUAL EXPENDITURES	BORROWER	CO-BORROWER	COMBINED					
SALARY, BONUSES & COMMISSIONS	DOMNOWER	CO-BORROWER	COMBINED	MORTGAGE/RENTAL PAYMENT	DOMNOWER	CO-DONNOWEN	COMBINED					
DIVIDENDS, INTEREST				REAL ESTATE TAXES & ASSESSMENTS								
REAL ESTATE INCOME				TAXES-FEDERAL, STATE & LOCAL								
OTHER INCOME (List)**				INTEREST AND PRINCIPAL								
()				PAYMENTS ON LOANS								
				ALIMONY, CHILD SUPPORT MAINTENANCE								
Any significant changes expected in th	e next 12 month	ns?		OTHER EXPENSES (List)								
Yes No (If yes, attach ir			Combined Totals									
TOTAL INCOME												
** Alimony, Child Support or Separate	Maintenance in	come need not	be revealed if you				Combined Total					
do not wish to have it considered as	·			TOTAL EXPENDITURES								
STATEMENT OF FINANCIA	L CONDIT	ONS AS O	F (Date):									
ASSETS	BORROWER CO-BORROWER COMBINED LIABILITIES				BORROWER	CO-BORROWER	COMBINED					
CASH (Sch A)				NOTES PAYABLE TO THIS BANK								
DEPOSITS IN THIS BANK (Sch A)				SECURED								
DEPOSITS IN OTHER BANKS (Sch A)				UNSECURED								
READILY MRKTBLE SECURITIES (Sch B)				NOTES PAYABLE TO OTHERS (Sch G)								
NON-READILY MRKTBLE SECURITIES (Sch C, Sch F)				SECURED								
ACCOUNTS AND NOTES RECEIVABLE				UNSECURED								
RESIDENTIAL REAL ESTATE (Sch D)				ACCOUNTS PAYABLE (Incl Chg Cards) (Sch G)								
REAL ESTATE INVESTMENTS (Sch D)				MARGIN ACCOUNTS								
CASH VALUE OF LIFE INS. (Sch E)				NOTES DUE: BUSINESS VENTURES (Sch F)								
IRA, KEOGH, PROFIT-SHARING & OTHER				TAXES PAYABLE								
VESTED RETIREMENT ACCOUNTS DEFERRED INCOME				MORTGAGE DEBT (Sch D)								
(Number of Years Deferred				LIFE INSURANCE LOANS (Sch E)								
AUTOMOBILES (List):				OTHER LIABILITIES (List):								
PERSONAL PROPERTY/OTHER ASSETS (List):												
PERSONAL PROPERTY/OTHER ASSETS (List):							Combined Total					
PERSONAL PROPERTY/OTHER ASSETS (List):				Total Liabilities			Combined Total					
PERSONAL PROPERTY/OTHER ASSETS (List):			Combined Totals									
PERSONAL PROPERTY/OTHER ASSETS (List): TOTAL ASSETS			Combined Totals	Total Liabilities Net Worth LIABILITIES & NET WORTH			\$0.00 \$0.00					

				gs Accounts, Certificates of Deposit, Money				ey marke								BALANCE			
FINANCIAL INSTITUTION ACCOUN		NI IYPE		OWNER			(J)		IF PLEDGED, TO WHOM?				√1?		BALANCE				
		+																	
SCHEDULE B & 0	- U.S	. Gove	ernment	& Marke	table Securi	ties or	r Non-Ma	rketable :	Securitie	s (Pl	ease In	dicate i	f Non-I	Marketal	ble) (U	Jse Addi	tional S	heet if Necessary	
NO. OF SHARES OR VALUE OF BONDS		DESCR	SCRIPTION			IN NA	NAME(S) OF			ARE THESE REGISTERED, PLEDGED, OR HELD BY OTHER?				MARKET VALUE			EXCHANGES WHERE TRADED		
THESE OF BOTTES									1,220	CLD,	OTTTLE							112112 11013 23	
SCHEDITE D		D ' -	l 0	D 1 F - 4 -	4- 1	-4- 14		D. L. (A44.	I- A -I -I:	4.	- I C - I	عاداد ندا	N	\ *I	.l., .l.	т			
SCHEDULE D - P	LEC		PURCI					SENT	INTEREST		LOA1			ary) "Inc ONTHLY		OWNED	ina insu		
T TPE OF PROPERTY	TYPE OF PROPERTY OWNER YEAR/P		PRICE	RICE MARKET VA		LOAN B	ALANCE	RATE	MA	ATURITY	DATE PA		AYMENT*		OWNED	LENDER			
		_																	
		_																	
SCHEDULE E - Li	e Insur	ance (Carried,	Includin	g Group Insu	ırance	!												
NAME OF INSURANCE	СОМРА	NY		OWNER (OF POLICY		BENEFIC	LATIONSH	ATIONSHIP		TYPE OF POLIC		Y FACE AMOU		INT POLICY LOA		CASH SURRENDER VALUE		
SCHEDULE F - B	siness '	Ventu	res (Use	Additio	nal Sheets if	Neces	sarv)												
LIST NAME & ADDRESS OF ANY BUSINESS VENTURE YOUR POSITION/TITLE						LINE OF I	YEARS			CURRENT				L. DUE ON PARTNER-		FINAL			
IN WHICH YOU ARE A PRINCIPAL OR PARTNER			IN T	HE BUSINESS		EII VE OI I	BUSIN	BUSINESS		CET VALU	E OW	/NERSHIP	SHIP N	OTES, CAS	SH CALL	CONTRIBUTION DAT			
SCHEDULE G - L	oans O				ance Comp	anies,	and Othe	ers (Maste				_			_				
OWING TO (ACCT. NO.	(J)		NE/ORIGI IOUNT &		RESENT BALA	NCE	TYPE	OF LOAN		MON Paym		FI	DATE NAL PAY				SECURE	ED BY	
CONTINGENT LIABILI	TES						YES	N	9	Income Tax Return				Ţ.			Have (either of) you or any firm in which you were a major owner ever		
Are you a guarantor, co an individual, corporati				r any deb	t of			ı 🗖		(d/m/yyyy): declared ba						lared bar	nkruptcy	/? 	
Do you have any outsta				or surety	bonds?									Yes	No details:				
Are there any suits or legal actions pending against you?								Yes No If yes, please pro							e provide	e details.			
Are you contingently li	ble on	any lea	ase or co	ntract?															
What would be your to sell your major assets?	al estin	nated t	tax liabili	ty if you	vere to		\$												
If yes for any of the abo			l:				Ψ												
(Use additional sheets This financial statement is §			izens Banl	k (the "Bai	nk") by the per	son(s)	signing this	statement	in connec	tion v	vith an a	pplicatio	n for cre	dit or exte	ension o	of credit to	n such ne	erson(s) or to anothe	
based upon the guarantee or to another based upon	of such p	erson(s). Every p	person sigi	ning this staten	nent ag	rees that th	he Bank is e	ntitled to	rely u	pon the	informat	ion in th	nis stateme	ent in it	s credit d	ecision re	elating to such perso	
Every person who signs th	s financia	al state	ement cert	tifies and a	grees that (1)	the in	formation	provided in	this state	ment	is true a	ind com	olete and	d gives an	accurat	te descrip	tion of s	uch person's financia	
condition; except as listed or entity has an interest in the Bank within five (5) bu material and adverse chang condition of such person.	such ass siness da e (A) in a	ets, un ys afte iny of t	less other r such cha he inform	wise listed ange. Ever ation cont	in this statem	ent. In igns th tatemer	the event or is statemer nt, or (B) in	of any chan nt further ag the ability	ge in such grees to se of such pe	person end w	on's nam ritten no to perfo	ne, addre otice to t rm his or	ss, or en he Bank her obli	nploymen within five gations wh	t, such e (5) bu hich are	person agusiness da owed to	grees to s lys after t the Bank	send written notice t the occurrence of an	
The Bank if hereby authori. Upon request, the Bank wil person signing this statem completely respond to suc	ed to re tell any nt furth	quest a such pe er auth	a consume erson whe	er report o ther or no	n any person s t a consumer re	igning t	this statem as requeste	ent in conn ed and if rec	ection wit Juested, th	h the	present ne and a	applicat ddress o	ion for o	redit or a	ny upda porting	ate, renew agency t	al, or ext hat furnis	shed the report. Ever	
Date Signed				,			Signatu	re (First In	dividual)										
Date Signed							Signatu	re (Secon	d Individ	الدر									
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